

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>10-593 784</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5	1					
6		1				
7		2				
8		1				
9	1					
10		1				
11		2				
12	1					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	15	[QR]	[QR]	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]